## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS [] CLEC [] ILEC [] Wireless 224685

						ad 708.			
		CE	RTIFICATED COM	PANY	<u>INFORMATION</u>				
Windst	ream Communicat	ions, Inc.							
	ny Name				FEIN/SSN				
					501-748-7000				
Dba/fka					Telephone #				
4001 Rodney Parham					OFFICE OF REGULATOR	Y STAFF			
Mailing	g Address					H IN			
	Ļ	ittle Rock, Af	R 72212		MAP 2 2 7010				
City, St	tate, Zip Code				1000 22 (1911)	American de despresa			
	4	001 Rodney	Parham						
Busine	ss Location				Mad Marcel V bood bit be	local lease			
	L	ittle Rock, Af	R 72212		Pulaski				
City, St	tate, Zip Code				County				
			REGISTERED AGE	NT IN	FORMATION				
Registe	ered Agent:7	'5 Beattie Pla	ice						
, togict	5104 / 1g01111	<u> </u>							
Mailing	Address:T	wo Insignia I	Financial Plaza						
City, S	tate, Zip Code:l	Little Rock, A	R 72212						
			,						
<u>F</u>	Pursuant to the Con	<u>nmission's ru</u>	les and regulations,	print or	type company contact for the foll	owing areas:			
٨	Stacy Hale	10005	Monroe Rd, Matthews,	NC 281	05				
Α.	General Manager (Include address if different than above								
	704-845-70	021 /			stacy.hale@windstream.com				
	Telephone Number		Facsimile Number		E-mail Address				
B.	Marlene Jo	hnson	106 N Church Street	, Lexing	ton, SC 29072				
-	Customer Relations /Complaints Representative (Include address if different than above.)								
	802-957-2629 /			/ martene.johnson@windstream.com					
	Telephone Number		Facsimile Number		E-mail Address				
C1.									
	Customer Relations	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)							
	<del>-</del> 1 1 N1 1		Faccinile Number		E-mail Address				
	Telephone Number		Facsimile Number		E-IIIdii Audiess				
C2.	Customer Contact (	Toll Free Num	hor)						
	Customer Contact (	, i on riee num	Dei)						
D.	Engineering Operations (Include address if different than above.)								
	Linginiceting Operati	/ / / / / / / / / / / / / / / / / / / /		1					
	Telephone Number		Facsimile Number		E-mail Address				
E	. •								
E.	Test and Repair (in	nclude address	if different than above.)			·			
	. (	1	,		·				
	Telephone Number		Facsimile Number		E-mail Address				

F.									
	Emergencies (During non-office hours)								
	Tolophone Number	/ Facsimile Number		C mail Address	······································				
	Telephone Number	racsimile Number		E-mail Address					
n add	ition, please provide the follo	wing company contact informa	ation 1	o assist in proper routing of correspor	dence and invoices				
<u>-</u>	lovno Evo								
G.	Jayne Eve Regulatory Officer (Inclu	ude address if different than abov	/e.)						
	704-660-6680	/	1	jayne.t.eve@windstream.com					
	Telephone Number	Facsimile Number		E-mail Address					
<del>1</del> .				2					
1.	Dual Party Mailings (Name)								
	Mailing Address								
		1	1						
	Telephone Number	Facsimile Number		E-mail Address					
	Tim Loken								
	Interim LEC Fund Mailings (Name)								
	4001 Rodney Parh	am Little Rock, AR 72212	2						
	Mailing Address 501-748-7442	1	,	timothy.p.loken@windstream.com					
	Telephone Number	Facsimile Number		E-mail Address					
J.	Amy Dudenhoefer								
•	Universal Service Fund Mailings (Name)								
	4001 Rodney Parham Little Rock, AR 72212								
	Mailing Address								
	501-748-5320	/ Facsimile Number		amy.dudenhoefer@windstream.com					
	Telephone Number	Facsimile Number		E-mail Address					
ζ.	Lezlie Young Cross Resista Mailings (Name)								
	Gross Receipts Mailings (Name)								
	4001 Rodney Parh Mailing Address	am Little Rock, AR 72212	2						
	501-748-5150	1	1	Lezlie.p.young@windstream.com					
	Telephone Number	Facsimile Number		E-mail Address					
	Lifeline Mailings (Name)								
	A. I.								
	Mailing Address	1	1						
	Telephone Number	Facsimile Number		E-mail Address					
	Lezlie Young			Show Wans					
	This form was completed by	(print name)	_ ·	Signature					
	Managar Dagulai	······································		Murch 19 2010					
	<u>Manager – Regulat</u> Title		_	Date					
	1740			Date					
	RETURN COMPLETED FOR	M TO:							
	Public Service Commission of SC			Office of Regulatory Staff					
	Docketing Department			Attn: Jeanne Gordon					
	Post Office Draw Columbia, South			1401 Main Street, Suite 900					
	LOUMNIA SOUTH	Carolina 79711		Columbia South Carolina 20201	/Day DOC 04/2040				